2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE: 3

Mar 11, 2002 8:00 am § Secretary of State DOCUMENT # P98000064339 1. Entity Name DORLETTE TRAVEL INTERNATIONAL, INC. 03-11-2002 90083 037 ***150.00 Mailing Address Principal Place of Business 2704 W. OAKLAND PARK BOULEVARD 2704 W. OAKLAND PARK BOULEVARD FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3146 N.W. 68 STREET Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number-65-0852304 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEAN-LOUIS, MYRLENE Street Address (P.O. Box Number is Not Acceptable) 2704 W. OAKLAND PARK BOULEVARD FT. LAUDERDALE FL 33311 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE & Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Board Advisor Brot TITLE Change ☐ Addition TITLE BA Delete NAME RODRIGUEZ, CLIFTON H NAME CLIFTON H. RODLIQUET, CF 3146 N.W. 68 STREET, STE. No. 1 STREET ADDRESS 3146 NW 68TH STREET STREET ADDRESS -audendale, FloriDA 33309-120/s CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP Change Delete resident ICEO. Director TITLE TITLE NAME NAME Myrlene Jean-Louis STREET ADDRESS STREET ADDRESS 2704 W. Oakland CITY-ST-ZIP CITY-\$T-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED